

## **Agreement for Psychological Services**

Welcome to GCA. This Agreement contains important information about our professional services and business policies.

### **Psychological Services**

Psychotherapy is not easily described. It varies depending on the personalities of the therapist and client, and the particular problems the client is experiencing. There are different methods I may use to help address different problems. Psychotherapy is not like a typical medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work in and outside of our sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

### **Meetings**

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work may include. However, if during the initial assessment period I determine, in my professional judgment, that I am *not* a good fit for your particular treatment needs, I will provide possible referral sources for you to contact. In addition, you should evaluate this information along with your own opinions of whether you feel working with me is a good fit. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions, please feel free to ask them as they arise.

If psychotherapy is begun, I will usually schedule one 55-minute session (one appointment hour of 55 minutes duration) per week at a time we agree on, although this may vary.

**It is extremely important that you attend your appointments regularly.** Multiple missed appointments decrease your chances of getting better and inhibits our ability to care for you. *We require one business days notice if you decide to cancel or reschedule your appointment (24 hours).* This will allow us to schedule another client into that time who may need to be seen quickly, since our schedules are often booked several weeks in advance.

We consider a *late-canceled appointment* (i.e., an appointment canceled with less than one business days notice) to be the same as a *missed appointment*. Late-cancellations or missed appointments are, in our experience, most often due to a client *not* considering their treatment a priority or being dissatisfied in some way with their treatment provider. For missed appointments or late cancellations a fee may be assessed: for the first event a 50% charge of the scheduled fee. Additional late cancellations or missed appointments will be charged at 100% of the provider's fee. With this in mind, it is our policy that if you miss or have two (2) late-cancellations or missed appointments within a twelve (12) month period, we will refer you to another clinic or provider who may be a better match.

### **Limits on Confidentiality**

The law protects the privacy of communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form. There are some situations where I am permitted or required to disclose information without either your consent or Authorization. Please see the **GCA Notice of Privacy Practices** for more information. A brief summary is provided below:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- I am required to comply if a government agency requests information for health oversight activities.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

I am legally obligated to take action, such as making a report to a protective agency or warning a potential victim, which I believe is necessary to protect others from harm, and thereby revealing information about a patient's treatment.

- If I have reasonable cause to suspect a child has suffered harm as a result of child abuse or neglect.
- If I have reasonable cause to believe a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect; or a disabled person has been abused.
- If a patient communicates an immediate threat of serious harm to an identifiable victim, I may be required to notify the potential victim, contact the police, or seek hospitalization for the patient.

If any such situation arises, I will make every effort to discuss it with you before taking any action, and I will try to limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

### **Consultation with other GCA Professionals**

One of the many benefits of working as a therapist in a clinic setting is the availability of other experienced professionals. I may consult with other GCA professionals about your care in an effort to provide the best treatment possible.

### **Professional Records**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. If you provide a written request, you have the right to examine and/or receive a copy of your records. Because these are professional records, they can sometimes be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional to review with you. There may be a charge for reproducing records or for the time required to review them with you.

The law requires that I obtain your signature acknowledging that I have provided you with information regarding your rights to privacy. This information is included in the **Notice of Privacy Practices** required by the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). By signing this document, you will be acknowledging that you have received the privacy notice.

### **Payment for Services**

Payment is expected at time of service. Please see the **Medical Practice Commitments and Expectations** form included with your new client paperwork for more detailed information.

The hourly fee for regular therapy appointments is \$170. The fee for the initial intake session is \$350. Examples of other billable services beyond your therapy appointments include report writing, frequent or lengthy telephone conversations, consulting with other professionals (with your permission), and preparation of records or treatment summaries. If you become involved in legal proceedings that require the participation of clinic personnel, you will be expected to pay for the requested services, including preparation and transportation costs. Because of the complexity and difficulty of legal involvement, our fee is \$250 per hour for any legal work.

### **"Managed Care" Participation**

Any pre-certification requirements that GCA agrees to do, on your behalf, must be done as a scheduled appointment, and with the client present. This is to ensure that you are fully aware of any information being released to your insurance company. We reserve the right to refuse any pre-certification requirements that we find excessive. Please keep in mind that you will be billed for the time spent on "pre-certifications."

### **Clinical Services**

This agreement does not guarantee services will be provided. The results of the initial assessment will aid in the determination of whether in my clinical judgment GCA is a good fit for your particular needs.

**My signature below authorizes GCA or its designee to provide my insurance company(s) or other payer sources with the information necessary to authorize services and to process payment for me and/or my dependants.** I also authorize payment of medical benefits directly to GCA for the services provided.

My signature below indicates that I have read this agreement and agree to its terms. It also serves as an acknowledgement that I have received the HIPAA notice form titled Notice of Privacy Practices and the Medical Practice Commitments and Expectations Forms.

I understand that I may revoke this Agreement at any time except to the degree that GCA or its designee have already taken action in reliance on it, there are claim related obligations imposed by my health insurer, or I have not satisfied all financial obligations.

\_\_\_\_\_  
Signature of Client or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name of Client (if different)

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If the authorization is signed by a personal representative of the client, a description of such representative's authority to act for the client must be provided (e.g., parent, legal guardian, etc.).